

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000475

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** THE HOLY TREE OF LIFE, INC.

**Current Principal Place of Business:**

229 NORTH AT KING STREET  
SANDERSON, FL 32087

**New Principal Place of Business:**

14144 SONNYCOPELAND LN  
SANDERSON, FL 32087

**Current Mailing Address:**

P.O. BOX 135  
SANDERSON, FL 32087

**New Mailing Address:**

14144 SONNYCOPELAND LN  
SANDERSON, FL 32087

**FEI Number:** 59-3434309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAIGE, VERNON  
HIGHWAY 229 NORTH AT KING STREET  
SANDERSON, FL 32087 US

**Name and Address of New Registered Agent:**

PAIGE, VERNON  
14144 SONNYCOPELAND LN  
SANDERSON, FL 32087 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VERNON PAIGE

02/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PAIGE, VERNON  
Address: EJ PAIGE RD, P. O. BOX 135  
City-St-Zip: SANDERSON, FL 32087

Title: SD  
Name: PAIGE, WANDA  
Address: E J PAIGE RD, P. O. BOX 135  
City-St-Zip: SANDERSON, FL 32087

Title: TD  
Name: PAIGE, MORRIS L  
Address: E J PAIGE ROAD, P. O. BOX 135  
City-St-Zip: SANDERSON, FL 32087

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VERNON PAIGE

P

02/19/2010

Electronic Signature of Signing Officer or Director

Date